CLAIMS ONLY		Application Number 09/932,3??	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55						
6		1					56	3	2				
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36							86						
37							87						
38							88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
Total Indep	5						Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						